

JCS-PRO  
09/943565

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	9/14/01
<b>FORMALITY REVIEW</b>	M-N	1103	10/03/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 : ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	01/02
Original	10/23
	05/07
1	✓
2	✓
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18	✓
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Claim	Date
Final	51
Original	52
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Claim	Date
Final	101
Original	102
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If more than 150 claims or 10 actions  
staple additional sheet here